

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to the fact that this Certificate is a legal requirement.

Health Department, City of Baltimore.

Permit No. A. 1111 Office of Registrar of Vital Statistics.

Ward 26ⁿ

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Earnest Dawson
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, 3 Years, 21 Months, 21 Days.
Color, Colored
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, ✓
Birth Place, { State or country, and how long in the United States, if of foreign birth. } City
Duration of Residence in the City of Baltimore, During Lifetime
Place of Death, { Give Street and Number. } 1335 Whatcoat St.
Cause of Death, { First (Primary), Second (Immediate), } Marasmus
Exhaustion
Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery
Date of Burial, July 10 1887
{ Undertaker, W. W. Chase }
{ Place of Business, 641 Howard St. } Address, Penna Ave + Robert
M. D. W. Rickert
Medical Attendant, Robert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.
[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1112 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 9 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest DeCoursey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 Years, 8 Months, 0 Days

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give Street and Number.} 1522 Shields Alley

Cause of Death, {First (Primary), Second (Immediate),} Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Harp Cemetery

Date of Burial, July 10 1887

Undertaker, W. R. Chase M. D.

Place of Business, 641 Howard Address, 1431

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to last of diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 1113 Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 9th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Scheller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 85 Years, Months, Days.

Color, Caucasian

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Had none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ind.

Duration of Residence in the City of Baltimore, 60 years

Place of Death, { Give Street and Number. } Appt M & W. Home 214 W. Lee St.

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, July 10 1887

Undertaker, W. McNamee

Place of Business, 641 Howard Address, 1019 S. Howard Ave

R. M. Hearn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1114 Office of Registrar of Vital Statistics. Ward 19

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CERTIFICATE OF DEATH.

Date of Death, July 9th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva R. Newcomer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 Years, 6 Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, _____

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 241 N. Fulton Ave

Cause of Death, {First (Primary),} Cerebrials
{Second (Immediate),} Spasm

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Western Green

Date of Burial, July 9/87

{Undertaker,} J. B. Cooper W. W. Wright M. D.

{Place of Business,} 1003 So. Baltimore Address, 220 N. Gilman St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1115 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 9th, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Wm H. Clark

Sex, Male or Female, {Cross out the word not required in this line.}

Male

Age, 50 Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Widower

Occupation,

Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Muskingum Co. Ohio.

Duration of Residence in the City of Baltimore,

Two weeks.

Place of Death, {Give Street and Number.}

49 S. Fulton St.

Cause of Death, {

First (Primary),

Second (Immediate),

Phthisis Pulmonalis

Duration of Last Sickness,

Three (3) years.

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

July 12th 1887

{ Undertaker,

Jos B. Cook

Amos W. Knight

M. D.

Medical Attendant.

{ Place of Business,

1003 W. Baltimore

Address,

414 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1116 Office of Registrar of Vital Statistics.

Ward 13

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CERTIFICATE OF DEATH.

Date of Death, July 9th 1887

Full Name of Deceased, John E. Price

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or ~~Female~~

(Cross out the word not required in this line.)

Age, 34 Years,

Months,

Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~

(Cross out the words not required in this line.)

Occupation, Saloman

Birth Place, Baltimore Md.

(State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, Life Time

Place of Death, 848 W. Fayette St.

(Give Street and Number.)

Cause of Death, Typhoid fever

First (Primary),

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park cemetery

Date of Burial, July 11th 1887

Undertaker, Jos B. Cook

Place of Business, 1003 W. Baltimore St.

Address, 1812 E. Baltimore St.

P. B. Hookman M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1117 Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George F. F. Paxie

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 11 Years, 2 Months, White Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Balto. ind

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Life

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 823 W. Lombard St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, London Park cemetery

Date of Burial, July 11 1887

Undertaker, Jas B. Park

Place of Business, 1003 W. Baltimore Address, 815 W. Lombard St

H. Sewall

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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Health Department, City of Baltimore.

Permit No. A 1118 Office of Registrar of Vital Statistics. Ward 15

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CERTIFICATE OF DEATH

Date of Death, July 8, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachel Gordon

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 42 Years, _____ Months, _____ Days.

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, Laundress

Birth Place, { State or country, and how long in the United States, if of foreign birth. } B City

Duration of Residence in the City of Baltimore, 42

Place of Death, { Give Street and Number. } He Church

Cause of Death, { First (Primary), Second (Immediate), } Heart Disease
Dropsy of Liver
Dropsy

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Salvador Cemetery

Date of Burial, July 10 1887

{ Undertaker, Hercule Robt } Edw D Ellis M. D.
Place of Business, 404 Broadway Address, Edw D Ellis Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1119 Office of Registrar of Vital Statistics. Ward 16th

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8. 1887.

Full Name of Deceased, George Williams. { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 2 Years, Colored Months, None Days, None

Color, Colored

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, None

Birth Place, Balto. { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, All of life

Place of Death, 430 Wayne St. Court. { Give Street and Number. }

Cause of Death, Cholera Infantum. { First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, July 10 1887

Undertaker, Hercules Ross C. S. P. Booz M. D.

Place of Business, 409 Courtyard Address, 617 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 1120 Office of Registrar of Vital Statistics.

Ward 5th

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male ~~or Female~~, { Cross out the word not required in this line.

Age,

Years,

11

Months,

Days.

Color,

White

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line.

Child

Occupation,

Infant

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give Street and Number.

alt 108 h 18 Forrest St

Cause of Death, { First (Primary),

Tubercular Meningitis

Second (Immediate),

convulsions

Duration of Last Sickness,

During Life

All the above information should be furnished by the Physician.

Place of Burial, Matthews Cem

Date of Burial, July 20 1889

Undertaker,

John Henning

A. H. Shepherd

M. D.

Medical Attendant.

Place of Business,

2008 Orleans St

Address, 1102 E Bath St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]